likely to touch one billion by the turn of the century;

(b) whether Government have formulated any comprehensive policy lor the promotion of family planning in the country;

(c) if so, what are the details thereof;

(d) whether Government are aware that only a paltry sum is given to the citizens who undergo sterilisation operations and only one additional increment *to* a Government servant as incentive which are not sufficient to lure them to opt for operations;

(e) if so, what are the details of various incentives given by Government to those who got themselves operated for their family planning: and

(f) whether Government propose to raise the incentives in a big way so as to control the population boom in the country?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) Yes, Sir.

(b) and (c) To impart a new dynamism to the Family Welfare Programme an Action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sect'ons of the society. Its key features include, (l) improving the quality and cutreach of family welfare services (2) differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 census), (3) developing a mechanism to make available funds *to* States/UTs on the basis of reduction of actual birth rate, (4) increasing! the coverage of vounger age couples through vigorous promotion of spacing methods, *(5)* introducing new contraceptives and improving the quality of contraceptives (6) strengthening family welfare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medical para-medical personnel with emphasis on motivational and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of information, education and communication efforts to focus on the quality of life issues and interpersonal conmmunication, (10) involving voluntary and non-governmental organisations in a big way to promote active community participation in the programme, (11) gearing up of the implementation machnery in the States/UTs and (12) evolving high level intersectoral coordination mechanisms at the national, State and district levels etc.

(d) and (e) At present, Government of India does not give any incentive to members of general public for undergoing sterilisation operation. However, a sum of Rs. 100/- is paid to all acceptors of sterilisation on account of loss of wages. Some States/UTs give monetary incentives and lottery tickets to acceptors of sterilisation. Some States give Green Cards to acceptors of sterilisation with two or less than two children entitling them to certain benefits, priorities and concessions. Central Government employees who accept terminal methods of family planning after three or less number of children, are entitled to o-!; special increment and 1/2 per cent rebate on interest rate on House Building Advance taken by them. Special Casual Leave for sterilisation is also allowed.

(f) There is no proposal at present to raise the incentive in a big way, so as to contain the population boom in the country.

Lower population growth in China

1008. SHRI CHIMANBHAI MEHTA:
SHRI SARADA MOHANTY:
SHRIMATI MIRA DAS:
SHRI RAM AWADHESH SINGH.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have studied the factors behind the lower population growth rate of China, if so, the details thereof;

(.b) whether the disincentives as applied in China have also been studied;

(c) whether it is a fact that Government had once proposed disincentives for politi cal leaders aspiring for joining legislature; and

(d) if so, what follow up measures have been taken and with what results?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K. THARA DEVI SIDDHARTHA): (a) and (b) The Chinese Population Policy advocates the practice of one couple one child, late marriage and late child Dealing; it is backed by a strong scheme of incentives/ disincentives. The Chinese couples have a constitutional obligation to practise family planning. There is a high degree of political commitment and will in China right from the national to the grass-root levels. In India Family Welfare Progiamme is being implemented on a purely voluntary basis and the propagation of one child one family norm is not considered a feasible proposition at this stage because the total fertility rate and the infant mortality rate are still very high

(c) and (d) The suggestion that the acceptance of two child norm be made obligatory for any elected office, prospectively and not retrospectively, has been unanimously endorsed in the Conference of Ministers incharge of Health and Family Welfare in the States/Union Territories held at New Delhi on the 6th-7th January, 1992. The modalities of implementation are being worked out.

Allocation of funds for Family Planning

1009. SHRI RAMDAS AGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have drawn up any action plan so far for restructuring and revamp Lag the policy and operational mechanism of the Population Control Programme in ihe country;

(b) if so, the salient features thereof; and

(c) the amount sanctioned during 1990-91 and upto 31st January, 1992 on the family welfare programme by way of Central assistance to the States, State-wise. and results achieved in this regard during the last two years, State-wise/ Union Territory-wise, and provisions mads or likely to be made in this regard curing the Eighth Five Year Plan period?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI D. K, THARA DEVI SIDDHARTHA): (a) and (b) To impart a new dynamism to the Family Welfare Programme, an Action Plan has already been evolved by the Ministry of Health and Family Welfare and is being operationalised. This has been endorsed by the Health and Family Welfare Ministers of States and Union Territories in January, 1992. The Action Plan highlights the need for evolving a national consensus in support of the Family Welfare Programme and to obtain the willing participation of all sections of the society. Its key features include, (1) improving the quality and outreach of family welfare services, (2) differential strategy for special focus on 90 poor performing districts (Birth rate of 39 per thousand population and above as per the 1981 Census), (3) developing a mechanism to make available funds to States/UTs on the basis of reduction of actual birth race, (4) increasing the coverage of younger age couples through vigorous promotion of spacing methods (5) introducing new contraceptives and improving the quality of | contraceptive, (6) strengthenng family wel-] fare schemes in urban areas especially in slum pockets, (7) revitalising training activities of medical/para-medical personnel with emphasis on motivationa and counselling aspects, (8) sustaining the good work done under the Universal Immunisation Programme and strengthening of other interventions for Maternal and Child Health Care, (9) reorientation of information, education and communication